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ABSTRACT

With the increased percentage of older adults in the population, demand for professionals and paraprofessionals who possess both technical disciplinary competence and the experiential training necessary to work with older adults has increased. A program at the College of St. Scholastica in Duluth, Minnesota, allows students preparing for a career in gerontology to undertake both cognitive and experiential learning activities. This approach enables them to develop a better understanding of the aging process and also fosters positive attitudes towards the aged. Cognitive learning is achieved by attending lectures, reading books, journals, and other materials, and through conducting library research. Experiential learning, which is an integral part of the courses, takes place through participation in group or individual projects in an applied setting. The Benedictine Health Center (BHC), a health care facility located on the college campus, provides students with a variety of experiential learning opportunities. In addition to these opportunities, cooperative relationships have developed between the college faculty and the BHC staff. Students have assisted the faculty in an Andrus Foundation study examining the social interactions of BHC residents and day service adults with students, children, staff, and others. Students also conduct internships, hold part-time jobs, and do mini-projects at the BHC. Faculty invite BHC staff and residents to serve as speakers in their classes. College courses in gerontology and other disciplines are offered at the BHC, and gerontology faculty provide in-service training to new employees at the BHC. (Author/BL)

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NURSING HOME AS A RESOURCE IN TEACHING COURSES ON AGING

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ABSTRACT

Students preparing for a career in gerontology undertake both cognitive and experiential learning activities. This approach enables them to develop a better understanding of the aging process and also fosters positive attitudes towards the aged. Cognitive learning is achieved by attending lectures, reading books, journals and other materials, and conducting library research. Experiential learning, which is an integral part of our courses, takes place through participation in group or individual projects in an applied setting. The Benedictine Health Center (BHC), a health care facility located on our campus, provides students a variety of experiential learning opportunities. In addition to these opportunities, this paper also describes the cooperative relationships that have developed between the college faculty and the BHC staff. Students have assisted the faculty in an AARP Andrus Foundation study examining the social interactions of the BHC residents and day service adults with students, children, staff and others. Students also conduct internships, hold part-time jobs, and do mini-projects at the BHC. Faculty invite BHC staff and residents to serve as speakers in their classes. College courses in gerontology and other disciplines have also been offered at BHC. Gerontology faculty provide in-service training to new employees at BHC.

NURSING HOME AS A RESOURCE IN TEACHING COURSES ON AGING

INTRODUCTION

Currently over 10 percent of the population is 65 years of age or older and projections indicate that this percentage will continue to increase. In view of these demographic changes there will be increased demand for professionals and paraprofessionals who, in addition to technical competence in their discipline, have the training and experience necessary to work with older adults. It is, therefore, important to gerontologize the various career preparation programs such as nursing, physical therapy, social work, psychology, and management. In teaching these students about the aged our approach is to provide them with opportunities for both cognitive and affective learning (Bloom, 1966) so that they will not only have a better understanding of the aging process but will also develop positive feelings and attitudes toward the aged. Cognitive learning is achieved through traditional methods such as attending lectures, reading books, journals and other materials, conducting library research, and participating in group discussion. Experiential learning which is an integral part of our courses on aging takes place through participation in group or individual projects in an applied setting of the student's choice. This afternoon I will share with you some of the ways in which we have utilized the Benedictine Health Center (BHC), a health care facility located on our campus, for providing on-site experiences for students enrolled in courses on aging. I will also describe the cooperative relationships that have developed between the college faculty and the staff of the health center.

Before describing the activities and cooperative relationships I will describe the special features of the health center. Hopefully, this will be helpful in understanding and interpreting the various activities we have undertaken in the last four years.

THE BENEDICTINE HEALTH CENTER

Constructed about four years ago, the Center provides both residential care and day care services to the elderly. Both the Center and the College are sponsored by the Sisters of St. Benedict. Since the Center is located on our campus, a variety of social and cultural opportunities are available for its residents and day-service participants. For example, the participants have easy access to religious services, plays and movies, and music recitals by college students. Thus there is a relatively large amount of interaction among the elderly and the college students. In addition to adult day care, the Center also provides child care services for preschool children. This feature of the Center adds another dimension for enriching the lives of the elderly. It provides an environment which resembles a more conventional and meaningful way of life by providing the elderly with satisfying roles as teachers, surrogate parents, or companions for children. The children, in turn, benefit from this contact with the older generation through exposure to their values, knowledge, skills, language, nurturance, etc. (Arch, 1978).

STUDENTS' INVOLVEMENT IN RESEARCH ON SOCIAL INTERACTIONS

During the past year we have conducted a research study (Dietrich, Mehrotra, Schubert 1982)* examining the social interactions of the BHC residents and day service adults with college students, children, service providers and others.

* A copy of this two volume report entitled Social Interactions in a College-Based Center for the Elderly can be ordered by writing to Dr. Darryl Dietrich, Department of Psychology, College of St. Scholastica, Duluth, Minnesota, 55811.

Supported in part by a grant from the AARP Andrus Foundation, this year-long study addressed the following questions:

1. What programs, activities, and environmental factors facilitate social integration of the elderly with their peers, with children and with the College community? What are the obstacles to this integration and how can these be resolved?
2. What characteristics of the participants facilitate or hinder social integration among them?
3. What is the impact of the social interactions on the participants' functional and psychological characteristics?

Thus, our major focus was to study the social integration of the residents with the elderly day-service participants, the day-care children, and the college community. Methods used to collect data for the research questions stated above included systematic observation of social interactions, staff questionnaires to obtain their input regarding the obstacles that deter elderly's participation in various activities, instruments to assess subjects' characteristics, and open-ended interviews with the elderly.

The above description of the research questions and the data collection procedures should have given you some idea of the magnitude of data collection efforts required by this study and of the opportunities available for interested students to participate in various phases of this research. Indeed we are very fortunate that more than 80 college students chose to do their class projects by participating in this year-long study performing functions such as data collection, data analysis, and report preparation. Most of these students came

from courses such as life-span developmental psychology, psychological aspects of aging, social psychology, and social aspects of aging. While a number of students worked with us for the entire year there were some who for one reason or the other spent only one academic quarter on this study. In view of the nature, quantity, and duration of work involved in conducting observations of social interactions at the Center over a one year period, it was obvious that we needed students' assistance in collecting observational data, and at the same time this aspect of the project had rich potential for providing valuable learning experiences for them. In order to achieve these objectives of collecting reliable and valid data and facilitating students' learning we designed a form to record observations, wrote a detailed manual for use by observers, and trained these student observers to conduct and record their observations. Having a large pool of observers enabled us to collect data from 8:00 a.m. to 8:00 p.m. on more subjects and more times than we had proposed in the original grant application. Though about 95 percent of the students were able to meet our quality control standards for observation data the remaining 5 percent of the students had to be relieved from participating in the project as they were either not doing a good job or were not able to follow the schedule that we had agreed upon.

As part of their training, the observers were given a tour of the health center to acquaint them with its layout and to point out some examples of behavior to be observed. After the student observers became familiar with the forms and the manual they were sent to find, observe, and record data on a subject. They were then immediately debriefed and sent out again. In the beginning we reviewed every data form and debriefed all observers as necessary to correct misconceptions or errors. Eventually when we were sure they were ready their data were considered "real" and included in the study.

The training sessions in the winter and spring quarter included role-playing sessions in which the student aides portrayed typical situations while the trainees watched and recorded the observed behaviors on the data forms. The group then discussed their data to reconcile any differences in their observations. Use of this approach was helpful to the students in achieving high level competence and reliability in collecting observational data. Percent agreement on the various types of observational data collected by different observers ranged from 82-100. This check on inter-rater reliability was conducted each quarter to ensure that the observation data was indeed high in reliability.

Since student observers were not supposed to interact with the elderly during the period of study we decided to have an end-of-the-year party at the Center to provide an opportunity for social interaction among them. Our impression is that this party was beneficial for the elderly as well as for the students. A meeting with the students was also organized each quarter to explain the research questions and the methodology of the study. This enabled them to see how the data they had collected would be used in the study.

Each student observer wrote a paper at the end of each quarter reflecting upon the experience of participating in the study and analyzing the learning that took place as a result of their exposure to the Center, its people, and the activities. Some of the papers also provided us with an excellent critique of our methodology and some suggestions for overcoming the problems they might have sensed. Examples of these problems include students' concern about invading the privacy of the elderly, bad feelings about not being able to interact while conducting the observations, and difficulties in locating subjects. Students were

told that we had obtained informed consent from the elderly and/or their families. In general, the students found this experience meaningful and relevant. It provided them with knowledge and insight they would not have been able to obtain by reading about the aged. The following paragraph taken from one of the students' papers would give the reader an idea of how the students felt about this experience and its impact upon them:

"I came from a small town that is probably over half elderly people and I have never been around or known any other elderly people whether it be in nursing homes, hospitals, or from other areas of the state. So I always thought that older people were always crabby, grouchy, fussy, impatient, and stubborn because most of the elderly folks I know acted that way. In these few weeks I have found that it is not true at all. At the Benedictine Health Center there are people of all sizes, shapes, ages, and personalities."

Both the papers and informal discussions with participating students provide a clear indication that this experience was helpful in modifying their perceptions and attitudes concerning the aged. Students and faculty supervisors indicated that this experience led to (a) improved skills in conducting observations and in active listening, (b) increased awareness of the positive points of a long-term care facility such as this one, (c) development of writing and thinking skills (d) better understanding of the research process and (e) development of a sense of responsibility and accountability in a long term project. Since a large population of these students are aiming toward a career in nursing, an improved understanding of the aged, exposure to the activities and the general operation of the Center, and experience in conducting systematic observations are worthwhile objectives in terms of their career preparation.

In addition to participating in research projects such as the one described above, college students also conduct their internships, hold part-time jobs, and do mini-projects at the Center. These activities are undertaken by students

representing a large array of disciplines such as nursing, physical therapy, psychology, medical records administration, management, and social work. Supervision of these activities is provided jointly by the Center staff and the college faculty. College faculty have also invited Center staff and residents to serve as guest speakers in their classes on aging. The relationships that develop during the period of these activities often continue long after the expiration of the activity. As a consequence of participating in these activities some of the students have decided to "specialize" in gerontology so that upon graduation they can work in a health care facility for the elderly. In addition, there is some evidence indicating that the interaction between the college students and the elderly results in significant improvement in the morale scores of the elderly (Arthur, Donnan, and Lair 1973).

COURSES OFFERED AT THE HEALTH CENTER

During the last three years a number of faculty members have offered their courses at the Center. These courses include college courses in gerontology, psychological aspects of aging, and current topics in aging, and courses in disciplines such as history, music and computer literacy offered through the Emeritus College Program which is supported in part by a grant from the Minnesota Humanities Commission.

The college courses in gerontology have been attended by college students as well as by a selected group of the Center residents. These residents were screened by the center social worker. This approach was taken to ensure that the elderly who "audit" these courses are those who have both physical and intellectual stamina and the competence to undertake College work. The chief objectives of offering these courses at the Center facilities were (a) to provide

opportunities for increased interaction among college students and Center residents, (b) to give the college students some exposure to the Center and to its day-to-day operations, (c) to facilitate modification in the students' perception and attitudes concerning the aged and (d) to provide some mental stimulation to selected residents of the Center.

Before taking the class to the Center, students were provided a brief orientation to the Center so that the students were better prepared for this experience. This included telling them about (a) the Center and its operation, (b) location of the room where the class will be held, (c) the purpose of holding the class at the Center and (d) the residents who will be attending the class. We have found that in a short period of time students develop relationships with their classmates from the Center and some of them start going to the resident's room before the class so that they can bring them to the class. The residents often interjected their comments in the class discussion and shared their experiences and insights with the rest of the class. Due to the nature of the subject matter and its relationship to the situation of the participating elderly there have been, at times, some slight discomfort on the part of the instructor and the class in discussing certain issues regarding aging but it is not of such a magnitude that will deter the instructor from teaching the same course again. The social interactions among the residents and college students, the relationship and friendships that develop between them, and the contribution of the Center residents in class discussions are positive features that reinforce us to continue this activity. However, as pointed out earlier, it is important to be selective in terms of courses that we teach, the objectives that we set for them, and the Center residents that are invited to participate in this activity.

The courses offered at the health center through the Emeritus College Program include Nazi Germany, Music History and Computer Literacy. Under the auspices of this program college faculty have also offered courses from a number of disciplines in various community locations to reach a wider audience of older adults. These courses have been well received, the Humanities Commission has extended our grant for another year, and we have been approached to explore the possibility of taking the Emeritus College Program to rural locations in Northeastern Minnesota. We have also been participating in the Elderhostel Program which provides our faculty and staff with additional opportunities of interacting with the elderly and meeting their educational needs.

IN-SERVICE TRAINING FOR CENTER EMPLOYEES

On a regular basis the faculty members in gerontology provide in-service training to the new employees at the Center. The administrator and the members of her staff have also taken advantage of the distinguished psychologist/gerontologist program that we sponsor. They have attended the public lectures given by the distinguished visitors and have met with them on an individual or group basis to seek their advice on matters of common interest.

Some of the members of the Center staff have participated in our gerontology certificate program and others have applied for admission to the graduate program in psychology of aging that begins this year. In view of the fact that there is still a large number of staff members who may have unmet training needs we have recently conducted a needs assessment to determine the feasibility of taking our undergraduate certificate program to the Center. Preliminary analysis of data indicate a need for this program. Planning for this program is currently underway.

It is proposed to offer the courses for the certificate program at the Center at the times convenient for the nursing assistants, LPN's and other employees who work directly with the elderly. Similar approaches will be used to meet the training needs of employees of facilities located in rural areas. We have also worked in collaboration with the staff and the residents advisory committee to design a program to minimize relocation stress for the incoming residents of the Center (Mehrotra and Shemon 1982)* This program supported in part by a grant from the Medtronic Foundation, has provided us additional opportunities of working with the Center staff and the elderly and their families.

CONCLUDING REMARKS

Dullaert (1977) has identified six factors which were found to be obstacles to learning about aging. These factors are:

1. Many Americans have negative, rejecting feelings for the aged and for the process of growing older.
2. Many individuals hold a fear of aging and/or dying.
3. Social conditioning has had a distortive impact on perceptions and values concerning the aged.
4. Associations with a limited number of aged persons, within one's family, for example, tends to result in a narrowed concept of heterogeneity existing in this segment of the population.

* A copy of report entitled A Program for Family Involvement in Minimizing Relocation Stress of Elderly People can be ordered by writing to Dr. Chandra Mehrotra, Department of Psychology, College of St. Scholastica, Duluth, MN, 55811.

5. Guilt, stemming from conscious or unconscious sources, is frequently experienced by those who have known someone now dying or dead.
6. An instructor's feeling toward the subject matter can influence the reactions and learning of the students.

Aware of the possible existence and impact of these factors, we have employed a variety of experiential learning approaches described above. In addition to overcoming some of the obstacles identified by Dullaert in terms of students' learning, our program also aims to have an impact on the quality of life of the elderly by (a) providing training to those who work with them at present, (b) preparing those who are planning for a career in gerontology and (c) providing enriching and stimulating educational experiences to the older adults themselves.

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